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OR .						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
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SIGNATURE of Assignee of Record The individual whose signarare and title is supplied below is authorized to act on behalf of the assignee						
Signature Date 14 January						ary 2005
Name	Michae	el E. Marion		Te	lephone (914)	333-9637
Title	Author	rized Representa	ative		······································	

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